Case 6:25-bk-15107-SY Doc 29 Filed 09/03/25 Entered 09/03/25 22:46:49 Desc Main Document Page 1 of 10

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
Nexus Bankruptcy	
Benjamin Heston (SBN 297798)	
3090 Bristol Street #400	
Costa Mesa, CA 92626	
Phone: (949) 312-1377 Email: ben@nexusbk.com	
Email: ben@nexusbk.com	
Individual appearing without attorney	
✓ Attorney for Debtor	
UNITED STATES BA	NKRUPTCY COURT
CENTRAL DISTRICT OF CA	ALIFORNIA - RIVERSIDE DIVISION
In re:	CASE NO.: 6:25-bk-15107-SY
Lara Fakhoury	CHAPTER: 13
	OUMMARY OF AMENDER COUERUS EC
	SUMMARY OF AMENDED SCHEDULES,
	MASTER MAILING LIST,
	AND/OR STATEMENTS
D 11(1)	[LBR 1007-1(c)]
Debtor(s)	
Bostor(o)	
· · ·	
A filing fee is required to amend Schedules D or E/F (see Abbreviated Fr	
A filing fee is required to amend Schedules D or E/F (see Abbreviated Foundation Supplemental master mailing list (do not repeat any creditors on the original supplemental master mailing list (do not repeat any creditors on the original supplemental master mailing list (do not repeat any creditors on the original supplemental su	
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A filing fee is required to amend Schedules D or E/F (see Abbreviated Fe supplemental master mailing list (do not repeat any creditors on the original Schedule D or E/F. Are one or more creditors being added? Yes No The following schedules, master mailing list or statements (check all that	nal) is required as an attachment if creditors are being added to the
A filing fee is required to amend Schedules D or E/F (see Abbreviated Foundation Schedule D or E/F. Are one or more creditors being added? The following schedules, master mailing list or statements (check all that Schedule A/B Schedule C Schedule D	nal) is required as an attachment if creditors are being added to the apply) are being amended: Schedule E/F Schedule G
A filing fee is required to amend Schedules D or E/F (see Abbreviated Fe supplemental master mailing list (do not repeat any creditors on the original Schedule D or E/F. Are one or more creditors being added? Yes No The following schedules, master mailing list or statements (check all that Schedule A/B Schedule C Schedule D Schedule H Schedule I Schedule J	nal) is required as an attachment if creditors are being added to the apply) are being amended: Schedule E/F Schedule G Schedule J-2 Statement of Financial Affairs
A filing fee is required to amend Schedules D or E/F (see Abbreviated Foundation Schedule D or E/F. Are one or more creditors being added? Yes No The following schedules, master mailing list or statements (check all that Schedule A/B Schedule C Schedule D Schedule H Schedule I Schedule J Statement About Your Social Security Numbers Statement	nal) is required as an attachment if creditors are being added to the apply) are being amended: Schedule E/F Schedule G
A filing fee is required to amend Schedules D or E/F (see Abbreviated Fe supplemental master mailing list (do not repeat any creditors on the original Schedule D or E/F. Are one or more creditors being added? Yes No The following schedules, master mailing list or statements (check all that Schedule A/B Schedule C Schedule D Schedule H Schedule I Schedule J	nal) is required as an attachment if creditors are being added to the apply) are being amended: Schedule E/F Schedule G Schedule J-2 Statement of Financial Affairs
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A filing fee is required to amend Schedules D or E/F (see Abbreviated Foundation Supplemental master mailing list (do not repeat any creditors on the original Schedule D or E/F. Are one or more creditors being added? Yes No The following schedules, master mailing list or statements (check all that Schedule A/B Schedule C Schedule D Schedule H Schedule I Schedule J Schedule J Statement About Your Social Security Numbers Statement Other (specify) I/we declare under penalty of perjury under the laws of the United States true and correct.	apply) are being amended: Schedule E/F Schedule J-2 Statement of Financial Affairs ent of Intention Master Mailing List
A filing fee is required to amend Schedules D or E/F (see Abbreviated Fe supplemental master mailing list (do not repeat any creditors on the original Schedule D or E/F. Are one or more creditors being added? Yes No The following schedules, master mailing list or statements (check all that Schedule A/B Schedule C Schedule D Schedule H Schedule I Schedule J Schedule J Statement About Your Social Security Numbers Statement Other (specify) I/we declare under penalty of perjury under the laws of the United States true and correct.	apply) are being amended: Schedule E/F Schedule J-2 Statement of Financial Affairs ent of Intention Master Mailing List
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Fill in this inform	ation to identify your c	ase:			
Debtor 1	Lara		Fakhoury		
	First Name	Middle Name	Last Name		
Debtor 2					_
(Spouse, if filing)	First Name	Middle Name	Last Name		Check if this is:
United States E	Bankruptcy Court for th	e: Central	District of	California	✓ An amended filing☐ A supplement showing postpetition chapte
Case number	6:25-bk-15107-SY				13 income as of the following date:
(if known)					MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	norm. On the top of any addition	iai pages, write your name and	a case manns	ei (ii kii	iowiij. A	iiswei every q	destion.		
	Part 1: Describe Employn	ment							
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-filing sp	ouse
	If you have more than one job, attach a separate page with information about additional	Employment status	✓ Employe☐ Not emp				☑ Employ ☐ Not em		
	employers. Include part-time, seasonal, or	Occupation	Caregiver				Finance	manager	
	self-employed work.		In-Home S	Sunnor	tive Se	rvices	ELJO, LL	C	
	Occupation may include student or homemaker, if it applies.	Employer's name	in-Home C	иррог	tive oc	VICCS	LLOO, LL		
	э э э э э э э э э э э э э э э э э э э	Employer's address	784 E Hos					aseline Rd St	e 307
			Number	Street			Number	Street	
			-						
			Sn Bernro	Ino C	1 02/15	-0000	Claromo	nt, CA 91711-	7001
			City		ate	ZIP Code	City	State	ZIP Code
		How long employed there?			_				
	Part 2: Give Details Abou	it Monthly Income							
	Estimate monthly income as of unless you are separated.	the date you file this form. If y	you have noth	ing to re	port for a	any line, write \$	0 in the space	e. Include your n	on-filing spouse
	If you or your non-filing spouse habelow. If you need more space, at			rmation	for all er	mployers for tha	at person on th	ne lines	
					For	Debtor 1	For Debto non-filing		
2.	List monthly gross wages, sala deductions). If not paid monthly, c			2.		\$4,346.67	\$15	5,383.33	
3.	Estimate and list monthly overt	ime pay.		3. Ⅎ	+	\$0.00	+	\$0.00	
4.	Calculate gross income. Add lin	e 2 + line 3.		4.		\$4,346.67	\$15,	383.33	

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Debtor 1

Main Document Fakhoury Page 3 of 10

Case number (if known) 6:25-bk-15107-SY Lara First Name Middle Name Last Name

				For Debtor 1	For Debtor 2 or non-filing spou	
	Cop	oy line 4 here→	4.	\$4,346.67	\$15,383	3.33
5.	l ist	all payroll deductions:				
0.		Tax, Medicare, and Social Security deductions	5a.	\$332.52	\$4,305	i.17
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00	\$0	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00	\$0	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$0.00	\$0	0.00
		Insurance	5e.	\$52.16	\$184	J.17
	5f.	Domestic support obligations	5f.	\$0.00	\$0	0.00
	5g.	Union dues	5g.	\$0.00	\$0	0.00
	Ū	Other deductions. Specify:	5h. +	\$0.00	+ \$0	0.00
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$384.68	\$4,489	0.33
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,961.99	\$10,894	1.00
8.		all other income regularly received:				
	8a.	Net income from rental property and from operating a business, profession, or farm				
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0	0.00
	8b.	Interest and dividends	8b.	\$0.00	\$0	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive				
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0	0.00
	8d.	Unemployment compensation	8d.	\$0.00	\$0	0.00
	8e.	Social Security	8e.	\$0.00	\$0	0.00
	8f.	Other government assistance that you regularly receive				
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
		Specify:	8f.	\$0.00	\$0	0.00
	8g.	Pension or retirement income	8g.	\$0.00	\$0	0.00
	8h.	Other monthly income. Specify:	8h. 🕇	\$0.00	+\$0	0.00
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$0.0	00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,961.99	\$10,894.0	00 = \$14,855.99
11.	Stat	e all other regular contributions to the expenses that you list in Schedu	ıle J.			
		ude contributions from an unmarried partner, members of your household, youds or relatives.	ur dep	endents, your roommat	tes, and other	
	Doı	not include any amounts already included in lines 2-10 or amounts that are n	ot avail	able to pay expenses li	listed in Schedule J.	
	Spe	cify:				11. + \$0.00

Main Document Page 4 of 10 Case number (if known) 6:25-bk-15107-SY Debtor 1 Fakhoury Lara First Name Middle Name Last Name 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. \$14,855.99 12. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☐ No. ✓ Yes. Explain: The payroll deductions for Debtor's spouse are estimates as he has not received his first paycheck as of the filing of this amendment.

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Case 6:25-bk-15107-SY

Case 6:25-bk-15107-SY Doc 29 Filed 09/03/25 Entered 09/03/25 22:46:49

				2 01 10
Fill in this information	on to identify your case	e:		
Debtor 1	_ Lara		Fakhoury	
D 14 0	First Name	Middle Name	Last Name	Check if this is: An amended filing
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	A supplement showing postpetition chap expenses as of the following date:
United States Ban	kruptcy Court for the:	Cei	ntral District of California	
Case number	6:25-bk-151(07-SY		MM / DD / YYYY

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Your Household	I					
1.	Is this a joint case? ✓ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate of the property of the pr	arate household? Official Form 106J-2, <i>Expenses for</i>	Separate Household of Debtor 2.				
2.	Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.	☐ No ☐ Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2 Child Child Child Child	Depender age 24 22 20 19	Does dependent live with you? No. ✓ Yes. No. ✓ Yes.		
3.	Do your expenses include expenses of people other than yourself and your dependents?	⊻ No □ _{Yes}					
Est		kruptcy filing date unless you are	using this form as a supplement in a				
Inc	e after the bankruptcy is filed. If this lude expenses paid for with non-cas th assistance and have included it o	sh government assistance if you k	now the value of	a mi in the a	Your expenses		
4.	 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$7,824.00 						
	If not included in line 4:4a.\$0.004a. Real estate taxes4a.\$0.00						
	4b. Property, homeowner's, or rente4c. Home maintenance, repair, and4d. Homeowner's association or co	upkeep expenses		4b. 4c. 4d.	\$0.00 \$80.00 \$0.00		

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Debtor 1 Lara Fakhoury Case number (if known) 6:25-bk-15107-SY

Last Name

First Name

Middle Name

	Yo	our expenses
. Additional mortgage payments for your residence, such as home equity loans	5. <u> </u>	\$0.00
. Utilities:		
6a. Electricity, heat, natural gas	6a	\$300.00
6b. Water, sewer, garbage collection	6b	\$150.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$300.00
6d. Other. Specify:	6d.	\$0.00
Food and housekeeping supplies	7.	\$800.00
. Childcare and children's education costs	8.	\$0.00
. Clothing, laundry, and dry cleaning	9. <u> </u>	\$150.00
Personal care products and services	10.	\$150.00
Medical and dental expenses	11	\$0.00
2. Transportation. Include gas, maintenance, bus or train fare.		ድ ንበስ ስላ
Do not include car payments.	12.	\$300.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
4. Charitable contributions and religious donations	14	\$0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c	\$250.00
15d. Other insurance. Specify:	15d.	\$0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		_
Specify:	16.	\$0.00
	10. <u> </u>	+
7. Installment or lease payments: 17a. Car payments for Vehicle 1	17a.	\$0.00
17b. Car payments for Vehicle 2		\$0.00
17c. Other. Specify:		\$0.00
17d. Other. Specify:	17c 17d	\$0.00
3. Your payments of alimony, maintenance, and support that you did not report as deducted	17u	Ψ0.00
from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	\$0.00
Other payments you make to support others who do not live with you.		
Specify:	19	\$0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.	
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1 Lara **Fakhoury** Case number (if known) 6:25-bk-15107-SY Last Name First Name Middle Name 21. Other. Specify: 21. +_____ \$0.00 22. Calculate your monthly expenses. 22a. \$10,304.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$10,304.00 23. Calculate your monthly net income. 23a. \$14,855.99 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$10,304.00 23c. Subtract your monthly expenses from your monthly income. \$4,551.99 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. Yes.

Case 6:25-bk-15107-SY Doc 29 Filed 09/03/25 Entered 09/03/25 22:46:49 Desc Main Document Page 8 of 10

Fill in this information to identify your case:				
Debtor 1	Lara		Fakhoury	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	uptcy Court for the:	Cer	ntral District of California	_
Case number (if known)	6:25-bk-1510	7-SY		

 Check if this is a
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

rt 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	* / ***
1a. Copy line 55, Total real estate, from Schedule A/B	\$1,500,000.0
1b. Copy line 62, Total personal property, from Schedule A/B	\$98,806.0
1c. Copy line 63, Total of all property on Schedule A/B	\$1,598,806.0
art 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$810,000.0
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	*
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$18,650.0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$106,002.0
Your total liabilities	\$934,652.0
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$14,855.9
Schedule J: Your Expenses (Official Form 106J)	

Case 6:25-bk-15107-SY Doc 29 Filed 09/03/25 Entered 09/03/25 22:46:49 Page 9 of 10 Main Document Debtor 1 Case number (if known) 6:25-bk-15107-SY **Fakhoury** Lara First Name Middle Name Last Name Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **✓** Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$4,346.66 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$18,650.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$50,861.00 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority \$0.00 claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$69,511.00

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Fill in this information to identify your case:				
Debtor 1	Lara		Fakhoury	
	First Name	Middle Name	Last Name	_
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	uptcy Court for the:	Cei	ntral District of California	
Case number (if known)	6:25-bk-1510	7-SY		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Did yo	u pay or agree to pay someone who is NOT an attorney to help you fill	out bankruptcy forms?
✓ No		
Yes	. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
X	penalty of perjury, I declare that I have read the summary and schedule ra Fakhoury, Debtor 1 ate 09/03/2025 MM/ DD/ YYYY	es filed with this declaration and that they are true and correct.